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D<sup>r</sup> M<sup>r</sup> C. C. C. C.  
Inflammation

- We always find Inflammation in One of the three stages,
- 1<sup>st</sup> - Adhesive, which is the most favourable, and known by the itching and no fever. Should this go further, we have
  - 2<sup>nd</sup> Suppurative, known by the severe throbbing pain, and the constitution is considerably affected, pus (which is a peculiar matter fluid emitted from the blood vessels of a straw yellow colour full of globules, if the emission be weak we have a serous fluid if strong a dark blood-like fluid) thrown out. And then
  - 3<sup>rd</sup> The Ulcerative stage —

Inflammation terminates by Resolution, Suppuration & Gangrene  
The best to treat it by Poultices, blisters, purging, low diet, <sup>the latter</sup> but rather stimulate if you wish suppuration to come on  
Monday 14<sup>th</sup> Nov - 1825

Scrofulous Abscesses to be opened, carrying the lancet some way under the skin and little to be evacuated at a time, not allow the abscess to be exposed to the air; but poultice Abscess of the thigh known by the fluctuation of pus; open. poultice the opening over a wet bandage  
Tuesday 15<sup>th</sup>

It is probable that all abscesses that open into the abdomen always open by sloughing or a species of mortification and not by suppuration.

The next kind of Abscess are blood Abscesses to be treated as before. The Abscess that occur on the head of new born infants which sometimes produce a caries of the bone or dura mater to be treated by dissection or as before mentioned in other abscesses. Not to be confounded with hernia cerebri.

Sub-cutaneous Abscesses often continued scrofulous - treated as above. Whitlow abscess of the hand &c the hand to be kept at rest & as above - also known by the bulky appearance of the back of the hand.

Thursday Wednesday 17<sup>th</sup>

Mamillary Abscesses apply emollient fomentations, and not the cold applications, blood letting generally, saline purgatives, keep the breast elevated and lie on the opposite side - Terminates by Resolution or Suppuration to be opened in the most pending situation as above, then poultice &c. Of Fistulae caused perhaps by frequent irritation of an abscess, stimulants are to be applied, a corrosive sub-2 or 3 grs to an ounce or Sulph. Zinc or Copper or Setons to be passed through the opening and stimulants introduced by this means. Of Sinuses also of abscesses require counter opening and require pressure and some stimulant - or apply introduce a silver probe immersed in Nitric acid - Anthrax or Carbuncles known by great pain of a burning kind. In some a pointed ligamentous condition is affected - Treated by Antiseptics.

Phlegmonous, Anthrax



D. M. Chlan Thursday 17<sup>th</sup>

Anthrax always to be treated according to circumstances. And should it be necessary treat as in Erysipelas.

Friday 18

Erysipalis a cutaneous inflammation confined to tissue of the skin, the remedies to be directed to Stomach, 1<sup>st</sup> An Emetic or Purgative. Treated locally by flour or powder of different kinds and kept moderately cool. — The Phlegmonous Erysipalis with fever more considerable and the skin thickened, the worse form have blood contained the fluid to evacuated — The Constitutional treatment the most important, by the Antiphlogistic treatment. — Poultices may do good in some cases. — Depletion to be practiced. — a very good lotion, not to become dry, — the strong mucous Astringent — the Corrosive Sublimate sometimes useful. — Erysipelas common to enfeebled constitutions, any inflammation may substance may produce gangrene, not debilitate the constitution.

Monday 21<sup>st</sup>

Mortification of Dry or Chronic and Acute or moist. — Of the result of Inflammation — And those which are not connected with inflammation. — Of that which originate of Inflammation and it does sometimes originate from a healthy inflammation — Cause by too much stimulation from the inflammation — to be treated by lowering the action but not much to be done unless soothing pain and hastening Sloughing and Ulceration but not frequent. — The tumours, Anthrax constitutional irritability are favourable to Mortification. — Erysipelas not often — Local sometimes occurs Constitutionally And other times locally And this is always favourable if proper treatment be applied, not an Antiphlogistic practice to be applied especially in cases of Ulcers — but tonic and stimulating Antispasmodics as wine whey Rhenish Egg &c. And fermenting poultice Yeast — Rye flour and Honey sometimes a little warm water — sometimes little Rpt Wine or Rhenish to be added (Other the bark or Charcoal poultice) the above to every kind of Mortification. — Burns And Cold sometimes induce this kind of Mortification especially if the natural temperature be too suddenly induced, neither induce the circulation in the part too soon. — Rpt of Camphor and Heartshorn to burns and of Turpentine. — Those that do not result from inflammation as pressure or ligature or asphyxiation of an artery in old age — two first of the same kind in this no pain to be known by discoloration of the part and not assuming the natural color soon after removing the pressure &c in those cases prevent pressure in those parts, apply the Rpt Mincure — Sweet Camphor or Heartshorn or while apply an adhesive plaster — from ligatures, this seldom occurs in healthy constitutions but is a local disease.



those of a puffed articular there is little chance of curing - Dr. W. C. Allen  
such as Potts Mortification of the toes &c, depend on an inflexible Circulation  
Sustained by supporting the system some say by Opium alone or combined with Must  
Camphor, volatile alkali &c Opium in a solid form - Locally apply no blister  
and apply very little - Little to be done in Constitution modification  
perhaps induced by Bone Cornu - used in Rye bread

Tuesday 22<sup>nd</sup>

Of Scrofula, The predisposition, are the complexion, eyes &c. But  
a relaxed state of the solids is the cause of Scrofula - the want of  
tone, also - they are unable to bear so much labour or fatigue, the  
cellular tissue also is very relaxed and easily produces discolora-  
tion from a slight blow &c - " Some also suppose the fluid  
likewise to be deficient in their Constituent - Scrofula; Heredi-  
tary and Acquired - Bringing up children in an impoverished &  
dirty manner and keeping the children very low - will induce the  
disease - And debilitate cellular tissue and the Digestive organ, it  
does not belong to the Lymphatics as some say - but the Solids and fluids  
Diet. Pharyngeous diet - no hot bread - no shortning - arrow root, Sago &c  
Milk &c - laxatives not purgatives - Blue pill 4 to 5 grs combined  
1 or 2 grs Ipecac as an alterative - occasionally a laxative of Rhei  
et Magnesia, Cal - Or Senna & Manna it, borroway seed - also the  
aloes with apocytica &c

Local symptoms is first manifested in the Glands - often in the  
bone - fibre, ligament tendon &c It first commences in the Mesenteric  
glands, known by enlargement &c - The redness in the commencement is  
not inflammation - the inside of a cheese - like substance, and  
then a cold-like abscess - To be distinguished from Worms but the  
treatment much the same. but do not -  
Scrofula of the Lymphatic Glands not peculiar to this system;  
no inflammation at first, but afterwards inflammation from pressure or other  
causes, the system becomes irritated and sometimes produces Hectic  
fever - Curded like matter floating in fluids not always present

Treatment, Constitutional treatment as above, not practices only when  
there is inflammation, generally stimulating plaster or fermentations  
are to be applied - " - Thursday -

They occur, under the peritoneal surface of the thorax and abdo-  
men; then may be Constitutional Scrofula and never develop itself  
for a whole life or result in Consumption - Tumors become  
abscesses in the lungs or cavity of the bronchia and is thrown up by  
expectoration, sometimes they close and do not effect the constitu-  
tion but not by granulation, but by ligamentous substance or abscess  
or sinuses and causes the cough which often last for life; to be treated  
as in Scrofula Hectic - this causes Empyema perhaps &c  
Scrofula in the Serous and Synovial membranes, should the  
matter be in the solid parts of the body



Scrophulous Membranes; phagedenic callosa white swelling is  
often Scrophula, but not to be confounded with the inflammation  
treated occasionally alterative purges, not much blood letting  
unless few cups according to inflammation.

Scrophula of the bones, generally all affected more or less, and be-  
come less solid and cause distortion &c — of the spine & limbs  
and to be treated as such — no depletion — generally as above  
by alterative, give tone to the system &c —

Friday  
When no caries or inflammation attends; but distortion of bones  
do not confine the patient by stays &c and give.

When there is Caries of any bone, confine the patient &c  
to remove the inflammatory action excite ulceration or do it chemically  
apply some diluted Nitric Acid &c — it affects the eyes and  
every other portion of the body — Treated by Constitutional alteratives.

When Hectic Fever takes place from Scrophula, seldom takes place  
before the Abscess different opinion whether before or afterwards, re-  
sults from irritation from inflammation, different kinds in different causes.

2 kinds, one of Scrophula known by well marked paroxysms & diarrhoea  
at the end and copious night sweats — Of other inflammation not  
so <sup>marked</sup> <sup>the same</sup> — No kind of Antiphlogistic treatment will be borne  
in the Scrophulous kind — Patients in Scrophulous Hectic seldom think  
themselves so ill as they really are — Treatment in the very  
commencement by Proper Nutritious diet as much as he can digest.  
State of the System to govern the exercise — free sleep of air when the fever  
shall be subdued, no disease require so much change of clothes.

Few Medicines can be of use Antimonials to be given small quanti-  
ties as one grain 3 or 4 times a day in a pint of water to be drunk im-  
mediately occasionally as an alterative not to have any immediate  
symptom or effect if so lay it aside — never be satisfied with relieving  
the disease — The flesh of <sup>young</sup> animals to be avoided choose  
the white meat &c —

Local remedies best red hot iron  
in Scrophula of the joint and bones — Next the Martcha of the French —  
must issue or seton — Poultices to keep up the discharge and  
cleanliness — no relief from internal remedies unless they be  
alteratives — Alteratives are Gold, Mercury, Arsenic, Silver &c — & all  
quack medicines act by their alterative effects.



Dr. McClellan

Monday Nov 28<sup>th</sup>

Of the Curved spine, which of different kind - 1<sup>st</sup> Curved spine, 2<sup>nd</sup> Caries of the spine where we always have hectic fever and the distortion always confined to one place, different in the Curved spine where there is a displacement of a great number of the vertebrae, Curved is known by there being no pain, but much pain in case of Caries, and always it may be known by this - in the Curved sometimes you have a tiresome pain somewhat peculiar to this Curved species - and almost always common to the female as a chronic disease. The Curved spine caused by bad diet - confinement &c often it does not effect the general health - Treated as before by the mild laxatives - Alteratives, gentle exercise - Tonics, the Scrophulous diet in proportion to the state of the digestive organs &c. Position of the body, no confinement, or Machinery to be used - Exercise, nearly as possible in the erect Position to move about as great a length of time as possible, and lie down a short time several times a day merely to refresh themselves, horseback, carriage riding, and any exercise that will <sup>bring</sup> the body most into action is best - When it is of long standing no cure - Only when it is recent and owing to an affection of the general system, and this done by giving tone to the muscles, and using friction of salt on a towel, this the patient to do herself -

Of the Caries spine or broken back, caused by a chronic kind of inflammation, perhaps always from scrophula, scrophulous blood always evacuated at some time or other from the ulcers attending, Hectic fever always occurs when the abscess is opened and sometimes even before this is the case, but not all cases of Caries of the spine are attended by Hectic fever and these are the only cases that may be cured - Treated in addition to the general treatment the local one is - 1<sup>st</sup> Rest in the <sup>posture</sup> recumbent, this however only in cases of Caries - 2<sup>nd</sup> Relieve the chronic inflammation, by cups to be repeated as often as pain returns after relieving pain apply issues either caustic or the cautery, or perhaps best Moxeas or cautery, this best where you cannot previously reduce inflammation -



Scrofula of the Joints or White Swelling; also of Necrosis  
may be mistaken for Rheumatism. Treated generally as before  
if it be the joint then must be set by using a splint. Also  
by Alteratives after Cuppings, And all Treatment as before  
or as in Scrofula generally. —

Wednesday Nov 29th

Syphilis; divided into, Tree or Hunter or Mercury most successful  
in this — This of different Symptom Primary & Secondary. Primary  
Symptoms affects some part of genital or even other place, this Sym-  
ptom is an Ulcer — of two kind the One on the Gland Penis <sup>or on the inner Prepuce</sup> peculiar  
on account of its hardness and surrounded by induration, where there  
is not much inflammation — not painful & no discharge pus —

When the indolent appearance goes away we may expect something  
favourable And this is the only true Chancre —

When the Ulcer be on the lip it is <sup>the same</sup> ~~different~~ — And unhealthy  
discharges of pus when the part the same on the Scrotum — And dorsum of  
penis —

Next to these Ulcers we have Buboes in the Lym-  
phatics; Caused by Lymphathy or by the fluids, being in the course of the  
Vessels from the Chancre — One Gland only swells in the true  
Ulcer or will be cured by Mercury — it is an indolent disease —

Bubo of true Syphilis has a dull aching pain and constant —  
the Gland increases constantly untill it breaks —

Of the Secondary Symptoms, are an Ulcer in the throat, blotches on  
the skin of a Copper Colour these are the first order — The Secan-  
dary Order are the affection of the bones along the shaft of some  
one of the long bone under the Periosteum & the occur in  
the form of Tumors, sometimes affect the bones of the head &  
never the joints — There are cancer Nodes —

Treatment different in the different symptoms — Primary or Chancre  
1st By light topical cleaning plan, Mercury, in small quantities not  
to effect the system but the best to remove the existing symptoms, some  
alterative in small quantities and others large — When there no Scrofula  
and no irritation of the system give XV grs of Calomel 3 or 4 times at bed  
time And you have a large secretion of every part of the system. Mer-  
cury Act. upon the Capillaries & Nerves and induces <sup>day</sup> different condi-  
tion of the system — Washing the part 3 or 4 times <sup>day</sup> & cover it by a  
plaster of Common Beate, if it does well continue the mercury —  
Avoid Cold or Cold Water &c The Alterative course to be pursued  
in feeble or Scrofulous give by grs 11j or 1v Calomel with Antimony as before  
with a wash of Sulph Zinck but do not produce inflammation or Ulcers



Not always necessary to use Mercury but may be taken by the Knife  
or Caustic in Small Chancre only, use local Applications to  
remove the Chancre

For the true Bubo Mercury by friction not so far as produce  
salivation, it will be of service in 3 or 4 times — If Friction  
will not do we depend upon internal affects by Mercury taken  
to purge — The limb to be kept at rest and the gland not  
to be irritated — If much pain, Leech, then a Blister to  
be applied, after this a camphorated plaster — If suppuration  
has commenced we may do well by this treatment but must  
be opened by a large and free incision —

Treatment of Secondary symptoms, very easily done by Mercury  
if it be a true Venereal Ulcer; and no inflammation in this ulcer  
with a white pulpy surface, no pain in swallowing in this  
Ulcer — The blotches large, oblong, discoloured deeply, and  
finally ulcerate — The Use of Sarsaparilla given with blue pill  
of which 3 or 4 grs daily, free drinks of different teas — a fac-  
ticious diet — generally cured in 2 weeks that is the last  
symptoms — Discrimination the grand part

Of the Bones cured slowly and only by a chronic course &  
by Mercury in small doses of Corrosive Subl. with <sup>some cicuta</sup> narcotic extract  
affection of the bones known by the nocturnal pain, it may not  
always happen 2 lozrs powder at bed time Corrosive Subl ʒss  
Cicuta gr iij three or four times a day — with plenty of drink  
to keep up a constant insensible diaphoresis, Sometimes  
we must cover the Nodes by blisters and relieve nocturnal  
pain

Thursday Dec 1<sup>st</sup>

Syphilis, the secondary symptoms are as liable to happen to the Anterior  
the true Syphilis

Syphilis of the Anterior kind called by Carmichael the Scaly Syphilis

The Pustular Venereal Disease is the kind where the secondary sym-

ptoms are of a Pustular kind — The primary symptoms are Ulcers  
in same situation as the true kind but of different from chancre  
because they are soft instead of induration of their base and ~~and~~  
the edges not elevated — These Ulcers are more irritable than  
chancre or are more sore, inflammation more common to this than  
to the chancre you may sometimes have common Ulcers and then  
no constitutional affections —

Bubo more likely to occur in this than the true kind and  
are perhaps symptomatic of the Ulcer, the Bubo not confined  
to one gland only sometimes on one side or on both



May suppurate or be disced - they break out in about the same time as before - The throat and skin break out in sores but instead of the copper ~~colour~~ colour, we have small pustules or biles, the throat sore and a difficulty of swallowing contrary to the true Syphilis

Last order of symptoms are no nodes no nocturnal pains, they affect the Periosteum and not the bones as before, the Constitutional affections not so severe, if no remedies used the disease would probable terminate favourable in 2 or 3 months and therefore a very mild disease and do not use too severe remedies. Mercury not to be used in this disease, at least very rarely. It may be cured without Mercury -

Treatment, the primary ulcers to be cured by local remedies, perhaps bleed and cleanse the alimentary - If we doubt the kind of the disease use the yellow or Black loach - the best Sulph of Copper 5-10 to 15 gr to ℥j or Sulph Zinc not to be used ~~to~~ while there is inflammation not induce it by them ~~possibly~~, use them once a day - When the ulcer cannot be covered by the prepice we must use some plaster or salve, use not irritating plaster where there is inflammation use common Cerate, if no inflammation the red Precip of Bubo to be treated as common glandular affection. Mercury, if no use but may do harm occasionally may do good, part to be kept at rest, use leeches, blood letting, and daily purgatives, not to sit up but confined to his back, do not use Blitters until the inflammation shall have been subdued - always keep on a large Poultice and may be disced in 4 or 5 weeks, the matter from a Bubo is very innocent and not poisonous -

Secondary Symptoms cured easily by some Antimonial and Sarsaparilla attending to Diet. Clothing &c to keep up a gentle diaphoresis will generally be all that is required

An affection of the bones to be cured by depletion &c generally of a Rheumatic kind of pain &c

The Pappillary Venereal disease - known by a discharge from the penis or as it is called Gonorrhoea we have in this disease secondary symptoms similar to those <sup>and</sup> before secondary symptoms as the last - no ulcer <sup>in the throat</sup> but inflammation - the Secondary to be treated as before. Cure the sore on the ulcer by washing with soap and water no deeping - The discharge uncertain how soon may be cured



Dr W. C. C. C. C.

Friday Dec 2<sup>nd</sup>

Gonorrhea such as break out in a day or two after exposure we may expect a tolerable easy cure - but when it shall not break out before 4 or 5 weeks do not expect a cure too soon - The matter of this disease is infectious - The Gonorrhea virulenta when it commences goes on rapidly, but the simple Gonorrhea goes on more slowly -

Gonorrhea virulenta infectious in this way, as harm, in the early stages the <sup>same</sup> may be said of Copraiva and other stimulants.

Treatment, for the first 8 or 10 day use simple remedies and cleanse the bowels by this time you will know of what kind it is - If it be gonorrhea virulenta local remedies of no use at all - When the Glands in the Urethra shall enlarge you may know it to be virulenta -

In both cases ~~always~~ bleed and reduce inflammation by cold water & the ~~penis~~ penis kept erect - give laxatives, mucilaginous diet and drink. If of a simple kind you have nearly cured the disease - but on the contrary if of the virulenta - In simple enjoy rest, abstinence of animal food no stimulants, laxatives, these are sufficient until the latter end of the disease -

Of the simple kind, treatment, <sup>are by</sup> ~~of the~~ <sup>diuretics</sup> ~~stimulants and other agents~~ <sup>infection</sup> - the injections perhaps the best, of an slight urticulant kind the very best - the sugar of Lead very infectious as an injection unless 5 or 6 grs of this with the same quantity of Sulph of Zinc to an ounce - the next best is the Sulph of Zinc 2 or 3 grs to an ounce ~~at first~~ at first and increase to perhaps 10 or 12 - the Sulph Copper very good but must be much weaker - Oil of Vitriol very good after inflammation One drop to an Ounce of Water, after trying the above, sometimes injections do not answer and then diuretics. As Bals. Copaiva either pure or in Combination if pure 20 or 30 drops 3 times a day - Continue the injections or diuretics after the disease appears to be stopped - You may use the Bals of Canada or Spt Turpentine - you may also use common Rosin - Also direct the patient to wash some time after you discharge him -



In Gonorrhoea virulenta, first check inflammation before you venture to treat for the last stage, if it should be 5 or 6 weeks from the commencement and after this is accomplished - you may treat as in the simple Gonorrhoea, mentioned before &c but if you treat too soon with Emetics &c you may produce a troublesome gleet &c -

Hernia Umbilicalis or testicles enlarged may come, warm or cold if the swelling be in Gonorrhoea, use rest, blood letting by leeches, elevate the scrotum - Emollient fomentations or poultices to reduce pain and swelling and generally cures it in a few days -

Costiveness do not require severe Cathartics in the last stage, but light laxatives, as Magnesia the very best in all diseases of the organs -

Enlarged Glands under the Urethra often ~~suppurate~~ suppurate in Gonorrhoea virulenta you must use Mercury largely, sometimes there will be an opening into the Urethra by which the Urine passes out &c - Locally apply Mercury - at the same time a large bagie

Monday Dec 5th

Phagedenics, the <sup>Symptom</sup> symptoms of two kinds, the Secondary do not invariably occur with a bubo involving, the worst kind and most fatal, begins in various, the worst begins in a sloughing Ulcer - sometimes by a slow Phagedenic Ulcer and is very liable to be mistaken for Lymphitis of a different kind - the generally affect the Surface Mucous - of 3 kinds of progress, the last kind appears as if it was creeping at one end and progressing at the other end of the Ulcer - the first <sup>or sloughing</sup> begins small and extends very fast whether in the glands penis or prepuce, and destroys it - 1st reduce the symptoms of inflammation by bleeding, parts kept cold, bowels evacuated - Next apply the undiluted Nitric Acid or some active caustic and check mortification, surround the edge of the Ulcer by lucilicon Ointment, with a piece of lint immersed in Nitric Acid and apply it carefully - afterwards apply a poultice

The same mode may be pursued in the other two kinds of this disease, as before reduce first inflammation by Antiphlogistics and afterwards apply the Nitric Acid and you generally have a cure in the



first symptoms, Of the Secondary symptoms, bubo in Lymphatic Gland,  
treated as before, the tobacco ointment also to be used with the best  
effects in the bubo — Mercury may be used in some circumstances —  
Secondary form-1, the throat the first affected skin bones afterward  
does not often happen in the throat if it does occur may do good by blister  
and Mercuria and as before — The formation of Mercury for the affection  
of the skin and throat — Skin affected in the form of tubercles or blotch  
and break out and increase sometimes we have Phagedenic  
ulcers after the tubercles with a long train of Anomalous symptoms,  
with the affection of the bones and the periosteum is enlarged, the bone  
likely to become Carious treated by  $\frac{1}{5}$  gr of Muriate of Gold with 20-3 gr  
of Bicincta 3 times a day, ulcer by a poultice of Castor-Kept a wet &c  
with burning the Phagedenic ulcer &c  
Tuesday Dec 6<sup>th</sup>

Anomalous thickening of the head eye, nose &c many months or years  
after Syphilis, no one medicine can be considered as specific —  
Soluble solution for thickening of the membrane of the nose — Arse-  
nic good generally in these anomalous appearances also the Sars-  
aparilla, with grs corrosive sublimate to a pint of Sarsaparilla &c  
wine glass full 3 times a day &c  
Thursday Dec 8<sup>th</sup>

Of Wounds of Lacerated - Contused and Gun shot - Incised, punc-  
tured — Incised wound. <sup>by a part</sup> division by a sharp instrument and easily heal-  
Lacerated next easy to cure and treated as incised — Contused, bruised dif-  
ficult — require suppuration before healing <sup>became by suppuration</sup> — Puncture generally produces  
deep seated inflammation and an abscess is formed, constitutional ir-  
ritation very apt to occur, of the nerves and cellular tissue and allow air into  
them — Gun shot wound often have foreign bodies lodged in them —  
also much sloughing from the parietes of the socket of the ball — Union  
the first intention by Mr Hunter, (done by adhesive inflammation &c. &c. &c.)  
needles to be used in wound of the face viz lines &c, strips to be used as may  
be best &c On the art of dressing incised wounds, in stitching begin the angles  
and not too tight — And hold the interrupted suture — not cover the suture  
by the strips — Treat lacerated wounds as incised or else by poultices  
Contused by poultices



Friday Dec 9th

Punctured Wounds, always very like to occur from this kind of wounds to avoid this disfigure the tumour no incision required immediately - Tetanus apt to ensue from slight punctures not deep seated one - The danger is the cellular tissue exposed and therefore cauterise the punctured part - as lunar cauterium - After punctured wounds purgative remove inflammation if of an Tetanic kind Treat by Stimulants and purgatives daily asenna & Manna and Stimulants - Camphorates, Wine &c -

In deep seated punctures apply lead water with Poultices suppurate with Antiphlogistics - When foreign bodies are carried in, then will be an Abscess.

Gum Shot Wounds - no dilatation required - balls &c will generally be sloughed off by poultices and by other general principles, by bleeding, purging, discutients, unless it be in some vital part

Monday Dec 12th

Wounds of the head, generally lacerated, treated as incised or as lacerated wounds of the other parts, remove all hair from the interior of the wound, not often require poultices - if the bone be chipped smooth it off or take it away.

Contused wounds require shaving the hair and suppuration - poultices and heal by granulations - If Arteries are divided does not generally require ligatures

Wounds of the Eye Lids, require Sutures of fine kind

Wounds of the throat - do Treat as on other parts of the body by closing &c or by keeping the head very much flexed by a bandage, or a stitch through the common integuments only, with bandages as may be required - if the Pharynx is divided introduce a tube

Wounds of the Chest - Treat on general principles - but to be closed as soon as possible

Tuesday

Wounds of the Scins

Thursday Dec 15th

Surgical Wounds of the head - Often cause inflammation of the brain & either by some tissue as nerve or by Contiguous inflammation - be guarded of your Prognosis

Of Fractures of the bone, never Trephine unless the brain is injured, known by Compression - Cut away the hair examining the wound by exposing the surface of the bone not cutting too much of the Pericranium - Only as far as

the bone is injured, then where you intend to apply the Trephine remove the pericranium and make a hole in the sound bone to be able to introduce the elevator and thereby remove the fractured part of the bone

which may often be done without any Trephining - The Trephine should extend as little over the fracture as possible - the Lenticular of no use - not always necessary to remove all the fractured parts where they may live



Dr. McCallan Dec 16<sup>th</sup>

Injuries of the Brain - Concussion of the Brain or as some say a contusion.

The simple Head, when there is only a dizziness and no future bad results happen.

The more severe kinds, require great care; the pupil of the eye stationary, muscular system inactive, pulse very weak, <sup>quick</sup> slow and tense, until reaction take place - unless compression take place - occasionally compression take place immediately after the symptoms of ~~compression~~ Concussion and often difficult to decide which it may be - but Compression known by enlarged pupil and in moveable muscles loose their action and easy - pulse voluminous, slow, distinct of 40 min or as a man dead drunk. - indeed often confounded with intoxication, here you had <sup>for concussion</sup> better wait a while - consequences from Concussion inflammation of the brain or bones.

Treatment - bleed and do not allow the pulse to rise above the common standard or rise not so high, cold applications, <sup>by cold vinegar</sup> head raised, and at last purging &c. If compression appears to come on, bleed largely, not allow him to be moved, leeching, cupping, purging &c. Monday Dec 20<sup>th</sup>

Compression <sup>caused</sup> by a rupture of some large vessel; known by the symptoms not coming on for some time after the effect of concussion, and

1<sup>st</sup> Where some of the fine vessels between bone and the Arachnoid or the plates

2<sup>nd</sup> between the membranes and 3<sup>rd</sup> in the substance of the brain.

Relief only can be afforded from the first of these causes - known by the symptoms of Compression come on some time after concussion, the locality of the collected blood is known by a great swelling of the place and the pericranium detached over the part - and if the tapping up the pericranium is does not bleed - but all these symptoms do not often happen at the same time - Compression sometimes takes place from collections of Matter - come on by Cough and listlessness and throwing bad comprehensions to be treated by Antiphlogistics if it can be borne as they are often of a Typhoid nature - depend more on external <sup>irritation</sup> applications, by cupping - Leeching - perhaps Counter-irritation or Moxa very good by exciting suppuration externally - no relief from an operation only when after cutting away the scalp you find the bone black and cut away the diseased bone - Of a Fungus growth from a blow, generally shooting out from the Arachnoid when there had been no fracture or when there have been and have been Trephined or elevated, different opinions for the causes







Wednesday Dec 21<sup>st</sup>

A diseased tooth may cause Neuralgia, this does not so often happen as has been supposed - generally the lining of the tooth is inflamed and has been painful a long time before the neuralgic pain - if it be the tooth it must be extracted - also

Foreign Bodies, <sup>lodged</sup> in the neighbourhood of the nerve; as shot for instance & litons

Great by Extracting the shot if this cannot be - bleed apply Moxa, and cause suppuration and thereby you will often relieve the irritation - " - May also be caused by the pieces of necrosed bones - and different others &c

Thursday Dec 22<sup>nd</sup>

The Operation for dividing the nerves, may be but of little use as the pain will generally return and only to be done in extreme cases, if it is done we ought to have a deain, - the branches of the fifth pair -

Neuralgia often complicated with variety of different effects - as Hemiplegia &c and therefore cannot be classed Nosologically -

Friday Dec 23<sup>rd</sup>

The Moxa for applying it, roll up the cotton in a long roll covered by linen so that a considerable quantity may be in a small space and stitched, this applied to the part by a pair of small forceps and fire set too it. the power of the Moxa is increased by the common blow pipe - Some impregnate the Cotton by Nitre and here you will require a rag or paper with a hole cut through it and surround it so that the heat and sparks are confined to the part - the cotton is better when baked in a stove at least to a tinder - It is said besides, the Caloric that evolved from the Moxa, electricity as is given to the nerves which sometimes is of importance, for this purpose it should be applied over the nerve it not over the nerve may be of use on the principle of Counter irritation - Aqua Ammonia to be used to relieve excessive pain but unless pain from the Moxa is very great the Aqua Ammonia is not to be used, as after this suppuration will not follow so readily, the end of the Moxa not against the skin is too light, but blow it through with the blow pipe - To be used in Deafness, Hemiplegia, Neuralgia &c but it does not allay pain of inflammation of the nerves - to be used on the same principle as the red hot iron - It may be useful to all the organs of sense -

Diseases of the Ear, are very numerous, and very little attended too because we do not understand the principle of hearing - for sometimes the tympanum and bones are destroyed by ulceration and still there is hearing - the only one now believed is the vibratory or vibration of sound -



Uses of the External Ear, in Wounds stretch entirely through the  
the substance - and not only through the thin skin only, and very usefull  
in collecting sounds or air for vibrations - And for sympathy - (Look  
at Mr Swarts paper) - The Meatus Auditorius liable to many  
disease and the first is, it being clouded by a false membrane, if it  
be external may be cut away &c - if medial at the very bottom near  
the tympani - or Dr. W<sup>c</sup> C<sup>c</sup> thinks it to be a thickening of the Mem-  
brane tympani - to cut it away is said to be dangerous, when the  
Tympani is thickened may be seen opaque in a strong light - a  
strong solution Lunar Caustic has been used with advantage by its  
eating and thinning it away -

Also a diminution of the size Meatus, even so that a probe cannot,  
perhaps be introduced - may depend on a determination of blood to  
the head - overcome this and introduce small tents and allow  
them to remain, is the only treatment - or even a little Lunar  
Caustic diluted - but no very great benefit derived -

But more commonly obstructed by Wax, and causes deafness common  
to old people from 60 to 80 years - to be extracted by probes and to be softened  
down by injections of warm water and milk - frequently the wax is  
in small quantities and not easily discovered, these are difficult to remove  
first moisten the part by some Animal Oil not Vegetable Oil to remain  
in over night and syringe it out in the morning with soft soap and water  
a very small silver wire to be used as a probe -

To relieve Hoepes of the Ear to be treated as Hoepes in other parts  
Common Sulphur at bed time warm teas all to produce perspira-  
tion - Locally, Solution of Corros Sub gss to an Ounce - Blue Ointment  
best is Nitrate of Silver - Castile Soap a very necessary part of the  
treatment - It require counter irritation in the neighborhood -  
A suppuration or Ulceration of the Ear very troublesome throughout  
life Treat by Alterative with laxatives, a seton to the nape of  
the neck - farinaceous - then Solution of the Nitrate of Silver.  
grv to x to an Ounce and cleanse the ear with Castile  
Castile Soap as a wash -



Dr. Mc Clellan Dec 27<sup>th</sup>

Polypus excrescences in the meatus auditorius. follows a discharge of the ear - kept an issue by ~~applying~~ lunar caustic

Diseases of the Tympani and cells Mastoidi - or middle ear - otitis media is the inflammation of the lining membrane of the Eustachian tube - And may obliterate in the obstruction of the passage to the throat - Cupping - Bleeding, leeches & low diet - Blisters and embrocations, do harm - From neglect you a collection of matter of a purulent kind - producing tumefaction because it cannot pass to the throat - (Scarcely on the ear) to be evacuated immediately not to be left to nature - Sometimes the bones will decay and be thrown off - to prevent this evacuate it by making an incision in the membrane of Tympanum, first ~~matter~~ cleansing the ear by a syringe and taking out the hair, and then starting the ear and the rays of the sun into the ear - or introduce a polished probe, then pressure at the inferior portion - then subdue inflammation, apply over the ear a roasted Onion, purgative, antiphlogistic - if a Blister at the back of the neck - but a seton on the nape of the neck is the very best of all remedies - (An. Infus. of Argentinum Nitrate for the great fetor of those you cannot cure - Do not always terminate in suppuration - Sometimes the Eustachian tubes are closed - & the often take place from diseases of the throat - as the size of the aperture is either closed or pressed upon - occasionally the middle ear is <sup>entirely</sup> cut off from the external ear atmosphere and here nothing will be of use but an operation which is seldom successful - The operation of trephining the mastoid portion of the temporal bone - and exposing the middle ear to the external air - Or introduce a probe through the nose but of very little use or none at all -

Diseases of the Labyrinth of ear - pyralis of the side of the, ringing sounds - but these are incurable - Or there may be a disease of the nerve auditorium - tonics as Iron, bark, blisters, Moxa & friction with salt, Turpentine



Deafness may occur from some fever then Mercury to be administered —

Wednesday Dec 28<sup>th</sup>

Diseases of the Nose and throat — of the nose, from fever infections for ulcerations — also of the Syphilitic form, Arsenic or Mercury as an alterative  $\frac{1}{12}$  gr for a dose not to salivate the patient — or a seton or an issue in the nuchal band of the neck or nose or the ~~mota~~ —

Ozena owing to Scrofula — The decoction of the wood of Lisbon diet with small doses of Corrosive Sublimate, Arsenic as a wash, but of all is oil of roasted cheese — but at last do as little as possible as it only does harm —

A Thickening of the Lining Membrane, might be mistaken for polypus — the same as a chronic Inflammation, let it go on, there is no danger — Active depletion, purgative, low diet, exciting perspiration — it is often on the lower spongy bone — difference from a polypus as it is firm to the bone and hard, little inflammation — A polypus moveable and ~~various~~ as it ~~sizes~~ and is soft, looks much like an oyster in appearance and is always on the external ~~sides~~ parietes of the nose, and may be extracted by the Polypus forceps but the bones not to be bruised or torn.

or to be extracted by the wire, if too far back for the forceps, and to be taken out of the mouth and attach a sponge to a string fastened to the wire and taken out of the nose, and by pulling the sponge through the nose the polypus will follow or <sup>be</sup> easily taken out — Sometimes you will not succeed, powder of blood root with white vitriol may cure it by as an ~~escharotic~~ escharotic 3 parts of blood root and one part white vitriol — Hyposulfur of Potash said to have done great good — or other escharotics — to be pushed up the nostrils — " — In Malignant Polypus only palliate.

Thursday Dec 29<sup>th</sup>

Diseases of the Tonsils, are of great variety — as Inflammations with the surrounding mucous membrane more than any other part, as it is the Cellular sub Mucous Cellular Substance — they are not always in the



tonsils themselves — but often in surrounding circumstances situation  
treatment, active depletion, even to fainting, — blisters and quaring do  
harm; — gargles often do injury; — if any is used cold water only —  
when you wish to evacuate the pus do not cut through the half arch  
of the palate — they ought to be generally laid open but be careful  
in your examination and operations —

Sometimes there is a Chronic Inflammation, caused by concretions  
and pieces of food, lodged in the saddle-like holes of the glands  
being compared to a pepper-box — then to be taken out by a probe

Ulcers — from scrofulous, Lymphatic, bad state of the stomach &c  
correcting these compose the treatment —

Cancerous — tonsil slightly enlarged, livid or Lead like colour  
extending across the throat, stiffness, shooting pains and varicose  
veins of the Mucous Membrane — Nothing done by an Opera-  
tion but, palliate with milk diet, weak solution of Corrosive Sub- 3 grs  
to an 3 of water for a week — Cicuta &c never cured —

Tonsils enlarged in Scrofulous in children; known by swelling very  
much at night, no pain unless inflammation is present, not an  
operation unless it is too large, or you have failed in overcoming  
the scrofulous affection — if you operate, do it with the hook  
and knife and clip off a portion of it and let the cheese  
like substance pass out — in these operation pass the finger down  
and came gagging

Enlarged Tonsils from frequently repeated inflammations, and  
sore throat — <sup>much easier, pain &c</sup> rarely to be cut out as hemorrhage will ensue  
but, Iron wire and double Canula better than the silver wire, frequent  
— by tightening it — or it being pinched tightly several hours, and may some-  
times be taken off — it will generally pass off in 24 hours — is very painful —  
There is an enlargement from the use of Mercury because the  
Mercury was of no use, not being a very true case of  
scaly venereal disease — extracted by the wire — as above — the last —



Saturday Dec 31

Ulcers of the Antrum Thyroideum &c —

Tumors under the tongue, owing to the obstruction of the holes —  
lancing not sufficient or even probing — but cure the  
tumor with a hook and cut off as much as you can with  
a pair of scissors which the very best remedy — Setons &c  
of little use as it will return — Generally in children  
the tumors often extend more below the chin than in the  
mouth — but do not lance it under the chin as it will leave  
a fistulous opening, be careful always to make the opening  
in the mouth — Called, Ramula — (or Soft Cancer)

Salivary Fistula, of the Parotid duct — Setons from the ex-  
ternal orifice by a thread obliquely through into the  
mouth — this very difficult to cure, if this cannot be done you  
must destroy the functions of the Glands by pressure &c  
Enlarged Sub Lingual Glands under tongue often  
interrupt articulation &c —

Monday Janry 2<sup>d</sup> 1826

Osteo Sarca, fleshy tumors growing from the bones or the  
bone being converted into a fleshy tumor, of two kinds  
One of the lining Membrane the other of the Periosteum  
it is generally found to be a Medullary tumor or a Soft Cancer  
formed in the fibrous Membrane, it will always ~~and~~ originate  
without inflammation there being no fluctuation; there is per-  
haps a constitutional disposition to this Soft Cancer and  
all parts of the Body is liable to it, And in operating for  
tumors we should be careful whether it is of this kind or  
not — The Eye chiefly the seat of this disease, and  
succeed more likely to follow the extirpation than when  
in any other situation, to be distinguished from Carsi-  
nomas as they are ~~too~~ much alike, at first look like  
Cataract — afterwards a dark tumor arises contain-  
ing a cheese like substance



Dr McEllan Tuesday Janry 3<sup>d</sup> 1826

Scirrho Cancer, common to the <sup>and this the only part of the face</sup> flower lip and the female breast in the lip he first feels a lump or scab which he often picks off - after some time he feels a lancinating pain shooting and ulcerating pains external and internal - there are sometimes two or three tumors and an Icterus matter passes through an opening or can deform excrecences, everted edges - small sinuses - it may under the angle of the lower jaw - seldom happen in any other situations than those mentioned - sometimes the edges everted at others inverted - the Penis, the or Uteri sometimes affected - the discharge never purulent but serous with little blood. Small very offensive small watery Icterus discharge - Sometimes in discharges of the pus may be discharged - the internal part when cut open appears to be divided <sup>by</sup> petioles known by the name of roots, at least 10 called <sup>by</sup> the vulgar - the glands in the neighborhood secondarily <sup>become</sup> irritated or inflamed - and a here <sup>we</sup> may apprehend great danger from an operation unless you remove the glands, that is, the disease likely to return -

three many affections of the face; supposed to be cancerous but may have a suspicious appears but never result in true cancer unless the it be in the lower lip - sometimes extends like Phage - denie ulcer &c but there are not Cancerous - sometimes you a number of bluish spots which ulcerate and discharge then heal up, then thought to be cancerous, happens on any part of the body - " - but there are not cancerous -"

The Scirrhous and Medullary Cancer, of the female breast - the true cancer never occur untill after about 35 years of age, many tumors do occur before this some also require to be extracted for safety &c there are a great variety of tumors at all ages these to be looked too, but not cancerous -



They sometimes ulcerate and subside by supuration —  
May be owing to some disease of the general system or leucemia  
Treatment, alterative, laxatives, rest, no pressure unless you wish  
to remove the breast by this plan — no irritating or stimulating  
applications to the part — but perhaps Lead water &c  
Avoid every thing that may possibly prove injurious &c  
If you cannot remove it any other way operate by taking  
out the diseased tumor only — Cut down to the tumor apply  
a hook and you will easily have got it out &c — but  
first give all the remedies a fair trial —

True Cancer, <sup>of the breast</sup> require different treatment, the constitution will  
be emaciated and hollow — the breast hard, retracted and sunk —  
Glands in the axilla enlarged — and always occurs in the decline  
of life — first cut away away the hair of the axilla — then cut  
from the lower portion obliquely to the axilla, then one above  
to correspond with the one below — then expose the pectoralis  
major and remove the enlarged glands <sup>with the finger</sup> — and burrow under  
the gland and it is easily removed &c  
To dress apply a suture, strips & bandage & scarcely any blood vessels re-  
quired to be tied unless profuse bleeding — then a ligature with  
a half knot — and soon to be taken off — the arm to be  
bound tight to the body — the patient to lie on the opposite  
side or back &c

Thursday Jan 5

A Great <sup>number</sup> of Medullary and Scirrhus tumor, but all of the same  
one or the other of these two kinds and no other &c — but are  
specific —

Operation for Cancer of the lip — wounds heal dif-  
ferently in different countries as in Egypt they heal  
much sooner — if the system is able to bear  
the operation and surgeon can remove all the  
disease — he then is justifiable in performing  
the operation — & but where there is danger  
of death from other causes, never perform the  
operation &c



Make a V like incision and dissect it down and extract the tumor and much of the parts as may be required & Carry the incision down to the angle of the jaw &c And dress it with the interrupted or twisted Suture &c - If necessary a portion of the lower jaw may be removed.

Friday 6<sup>th</sup> Janry -

In extracting the lower jaw - the Carotid artery is not to be tied previous to operating as recommended by some Surgeons &c.

Hare Lip; Sometimes the jaw is divided more or less in one or two places - the button of bone to be pushed back to a level with the other teeth, the edges to be pared away by a pair of Sissors, but not too obtuse above, to be carried up into the nose so that they may be drawn together with more neatness &c. Use the hare lip pins. The needles to be extracted in 4 or 8 hours or may be 3 hours, the needles before inserted before inserting them - threads of the Suture to be left &c -

Or perhaps best to use the interrupted Suture inside the lip and adhesive plaster on the outside, instead of the twisted Suture formerly recommended &c -

Saturday

Carcinoma of the eye; or Cancer <sup>or Melanoma or true Cancer</sup> of two kinds, all to be treated in the same way, sometimes passes into the nose and other parts - the operations are all uncertain, little to be judged from an external examination, as sometimes the external parts are little affected and the internal parts may be very much affected, - to extract the eye - introduce the bistoury at the internal canthus and divide the nerves and muscles here, then by one incision above and one below and the eye is out - then introduce a <sup>small piece</sup> sponge and pass the lid over it and it will stop the hemorrhage, and as the sponge is sent out, and the parts will be filled up by granulations



## Bronchotomy - Laryngotomy &c —

To relieve those ~~as~~ who are ~~choaking~~ <sup>choaking</sup> from foreign bodies in the glottis and suspending respiration - or tumours in these parts causing the same obstruction or in spasmodic contraction from different causes - also from inflammation as croup &c - (Croup of a true kind occurs only in children) <sup>laryngeal</sup> Laryngitis, also require it - (this occurs in adults) Also may operate for Resuscitation - but first close the nose and press upon the Pomum Adami, and a pair of bellowses introduced into the mouth and you may inflate the lungs this way - if this cannot succeed you may then perform the operation - " - Where the parts are too much swollen do not perform the operation - but introduce Catheter - Operation to be performed - between the thyroid and cricoid Cartilages - make a straight incision through the skin, and then disect carefully down to the Crico-thyroid Cartilage - then a transverse or straight incision through the Cartilage <sup>ligament</sup> straight when you wish to remove any foreign body - but ~~you~~ if you wish to relieve then the transverse incision as then the tube will be easier introduced - Some say hook of wire (of suspension spring wire) instead of the tube, these best for children - Laryngotomy ought to be preferred &c

— Monday Janry 9th 1826 —

Introducing tubes in the Larynx through the nose pull out the tongue pull the head forwards, the tube being curved but it is a difficult operation - Most frequently the foreign body is lodged in the Pharynx - very often may be taken out by the fingers of the operator in examining the part this should always be attempted before a probang is introduced, if you can only feel it with the end of the finger use a pair of forceps



Dr

McBlellan

If however you do not succeed in this way you must throw the head back and introduce the probang, but this only when it is low down and after you have tried the effect of a pretty powerful emetic as this has often succeeded &c —

Introduction of a large catheter into the stomach to remove poisonous liquors or contents; The head to be thrown as far back as possible and the tube to be thrust down in a straight line aided by the finger, and then throw in warm water or water and milk. And then turn the patient over on the abdomen and the contents will be thrown out without any other effort — if not to be thrown out by the syringe — we may tickle the fauces and this may often succeed beyond all our expectations, this to be done before you introduce the stomach catheter.

Yesterday Janry 16<sup>th</sup>  
Tumors — <sup>fatty or</sup> Steatomatous — Scars hues, and Incised

The Steatomatous or fatty tumours immediately under the skin insensible to touch, of a fatty feel — we must operate when they are so large as to become inconvenient and can only be removed an operation, the whole has to be removed and not allow any part to remain or it will return, the incision to be oblique divide the integuments down to the tumour and use no other instruments than a scalpel and your fingers.

Cancerous, <sup>like scirrhus cancer</sup> difficult to decide from an enlarged gland of the Lymphatics — known by the peculiar inflammation of the periostium on the top of the sternum (like the common nodes)

Incised Tumours — When they come to prove an inconvenience in the neck after the confinement with bronchocele



Perhaps there are several sinks (of an interesting nature)

Wednesday Aug 18<sup>th</sup>

Aneurism from many different causes as violence or a disease of the interior of the artery and these generally occur in the male between 35 to 50 years of age - first from dilatation of the artery and more likely to be in the aorta - if very large you find a tumour of a pulsatory and wide protuberance near the sternum or between the ribs or they are absorbed by pressure - the ~~coat~~ parts between the cavity and the external parts are very much <sup>by coagulating blood</sup> thickened.

(A very interesting subject at present) bleed, rest - low diet &c. in all that can be done (unless an operation) - but <sup>blood</sup> never coagulate in mere dilatation of the artery, most generally however the internal and middle coat rupture -

Known, by a thrilling or aneurismal pulse also strong and hard - these also common to dilations of heart &c.

Great by-bleed every 3 or 4 days in small quantities from 6 to 10  $\frac{1}{2}$  - low diet of a thin vegetable & watery - laxatives nearly daily - rest absolute by sitting or lying down - this treatment to be continued a long time at a month or two or 4 or 5 months - and then gradually allow him to return to his former habits.

Thurs day June 12<sup>th</sup>  
When the tumours extend <sup>the diffused or ruptured membrane</sup> ~~inwards~~ the aneurism bursts by ~~thumping~~ <sup>thumping</sup> if pressure could be applied <sup>over the tumour</sup> it could be of no use, but apply it over the ~~artery~~ artery between the tumour and the heart, sometimes there will be no pulsation owing to the granulations - An Operation, only an assistance to the remedies already mentioned - if it is performed better wait a while before it is performed - if the tumour becomes indolent it does not require an operation.

Aneurism of the Carotid Artery - The artery near the sternum mastoid - the Omo Hyoides crosses the artery - and here the incision is to be made and the ligature to be passed around by



a probe or needle the artery not be incised by passing handle of the knife under it.

Innominate — just above the Sternum — deep seated &c —

Thursday & Friday

Of Aneurism of different other parts &c —

Monday Janry

Aneurisms from wounds of the ~~occident~~ arteries from accident — require to be cut down to the artery & apply a ligature above and below the tumour, the Arteries will be found healthy and blood thrown into the cellular substance which forms the sac — More danger of mortification in operation of this kind of Operations than in Cases of true Aneurisms because here the collateral branches are ready to convey the blood — You must therefore endeavour to keep up the circulation through the limb as much as possible — Aneurisms formed sometimes from fractures of the limb or strains &c and require to be cut down to and examined &c —

Amputations — — —  
of the Metatarsals of the Toes — which various causes will occasionally demand as tumors: necrosis &c of the parts the Metatarsal bone and Phalanges ~~are~~ to be taken away two in incisions one above and one below carried back to an acute angle disarticulate the joint and may be easily then <sup>be</sup> separated by the knife after this apply adhesive strips &c Arteries to be tied &c as may be required —  
no deformity but a narrowing of the foot &c —



Of the foot - the cure very much expedited by dissecting  
Leg with two bones  
up a flap of skin and a cushion of muscles. - the cir-  
cular incision entirely around the limb (or the old plan)  
is the best - the bone to be taken off below the  
insertion of the ligaments of the patella. the tibia and  
Fibula to be divided exactly of the same length - the  
arteries then to be secured - no cellular substance being  
the cause of so much pain and trouble - the soft  
parts brought together from side to side, leaving the liga-  
tures out at the lower end of the Orifice - narrow strips  
short - and light dressings, no tow  
- use no tourniquet but use a silk handkerchief &c -

Of the thigh for making the lateral flap - make an incision  
from the top of the bone to the bottom - one on each side  
of the bone, the incision slanting downwards is the  
best &c - of the circumstances which require an Am-  
putation different questions arise - first - Is an operation  
to be performed? - 2<sup>nd</sup> How? and is the whole limb  
to be taken off or only the affected part? -

Amputation occasionally required for - Specific tumors - Phage-  
denic Ulcers - Compound fractures and especially Com-  
pound Dislocations -



Dr Monday Mc Clellan  
Jan'y 23<sup>rd</sup> 1826

Hernia, endangering the delay - Every part of the Contents  
of the abdomen may protrude in different regions -  
Umbilical Hernia of the Infante and that of Adults &c  
Infante always a swelling in the Centre of the Umbilical Chord  
Some say always present in the Fetus in Utero - frequently seen  
at birth the Omentum ~~is not~~ villas and is not protruded  
but different in adults where the omentum besides it is  
not exactly in the Umbilical but in the Linea alba and  
the figure will be <sup>be</sup> Oval - but in the Fetus it is a ~~an~~ Circular  
one, and in adults the Omentum always present or per-  
haps may be of a fatty kind known to the French - no  
difficulty in reducing an Infante Hernia seldom requiring an  
operation - but in

Adults there will be colics - indigestion and other trouble  
Some symptoms from projections of the Omentum also  
there are leg knots when these fatty tumors are present as  
these are connected with the Omentum - these last  
more common to old corpulent persons - May happen  
to spare persons - the Omentum may generally be reduced  
by the fingers - but the fatty tumors more difficult to re-  
duce it - if it cannot be reduced must be supported by  
stays and belts - truses &c the truse of Dr Hull of  
N York preferable - but instruments as Truse &c not to be used  
unless you have reduced the hernia - but use light pressure  
by belts or laces &c and may be absorbed perhaps in this way



Tuesday Janry 24<sup>th</sup>

An Operation after securing an Infantile Hernia a double armed needle to be passed through the artery and both tied and an adhesion will take place or tie it up like the mouth of a sack Another way but either of these two modes seldom may be required or both of them may be done as there is no Omentum in the neck. <sup>ligature</sup> not so tight as to slough the part but only cause adhesions.

Inguinal Hernia - generally enclosed in within the substance of the Spermatic Chord - the bands of Muscles called Collateral bands of Uvula are the cause of Stricture. - <sup>Cural or</sup> Femoral Hernia differs in regard to their contents does not accompany the Chord but lies on the thigh emerging ~~thru~~ under Poupart's Ligament

Inguinal Hernia of different kinds from their state first when in the groin is called <sup>Duodenal or</sup> Inguinal - When in the Scrotum called Scrotal Hernia - The Hernia may be strangled ~~to~~ as soon as it passes through the upper ring and will be a small button like tumor has been called Concealed Inguinal Hernia - When there is a great deal of Colic you should always enquire and examine in every case - After a reduction of the Intestine you may have a Typhilitis of the Intestine and Salivation the only Cure - Sometimes they continue the whole length of the Chord and called an Oblique or Indirect Inguinal Hernia. and here it has the Spermatic artery behind it - but when it passes down directly, the artery will be behind and in the last does not pass through both rings - but in the other ~~one~~ <sup>one</sup> passes through both - the direct only through the external



Upturning the fascia Transversalis between the internal  
ring and os pubis and then through the external ring  
called Centro-Inguinal ring and is the direct Hernia <sup>the artery on the outside</sup>  
the natural or oblique <sup>incorrect</sup> descent <sup>Tuesday</sup> follows the spermatic chord  
which passes through both rings and the epigastric  
artery will be on the inside of the tumour and be  
between the pubis, not so likely to be strickered  
In the direct descent will pass over <sup>and before or at the side</sup> the chord and  
cremaster and separating as in the indirect -

Inguinal Hernia  
The Congenital occurs at birth and passes down into  
the Tunica vaginalis Testis which does not entirely sur-  
round it - but behind it - the intestine lies before the testis. (of the Tunica)  
The adult does not allow this - as the neck become  
in contact and close up the aperture by which  
the intestine testicle passed in

Congenital Inguinal Hernia sometimes the intestine has descend-  
ed and the testicle has not descended another kind  
of hernia And there frequently in after life the testicles  
endeavour to pass down and form strangulation.

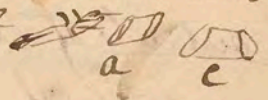
The Incised Congenital Inguinal Hernia - where the  
peritoneum passes <sup>into the Tunica vaginalis</sup> down before the ~~down~~ Intestine  
and one where the testes has passed down before - and  
where it has not passed

Thursday Janry 26<sup>th</sup> 1825

Contents of these Hernia of have little constricted parts inde-  
pendent of the true Constriction ~~part~~ - May be constricted  
at the mouth of <sup>the</sup> cavity of the sack either at the neck or low-  
er down or it may be above the real structure also  
and in this way - the part of the sack which was at the abdomi-  
nal ring and there constricted might return into the abdomen partly.



Of Femoral or Crural Hernia — which passes out under  
 Poupart's Ligament — Sometimes the cellular substance is  
 ruptured and then the sac is not so compact with the vessels  
 and will <sup>not</sup> pass down the thigh — ~~And~~ when the cellular  
 substance is ~~not~~ ruptured it lies between the vessels and the  
 pubis and might be mistaken for Inguinal Hernia  
 But if it is bound down by the fascia of the Chord  
 it will pass down the thigh — Femoral Hernia  
 nearly always happens to the female, but Inguinal to the  
 male — As the space under Poupart's Ligament is larger  
 in the female on acct. of the formation of the pelvis  
 It may also be distinguished by examination of the parts ~~be~~  
 through which Crural Hernia ~~Internal Crural ring~~ <sup>Inguinal Hernia</sup> ~~And~~  
 Internal abdominal ring — And they are separated by Poupart's Ligaments — the Anterior  
 parts — the Hernia passing out under Poupart's Ligament  
 and fascia Lata of the thigh has a <sup>crural</sup> sinular edge  
 and is the external <sup>ring</sup> of Femoral Hernia — the  
 outer part of this aperture is filled up by vessels — And  
 there is a space <sup>or canal</sup> between those two Crural rings And  
 all these resemble the ~~Inguinal~~ abdominal rings and  
 canal, but the two crural rings are much more ob-  
 lique than the abdominal rings & canal





Dr. McEllan

Under the skin the first is a fascia of the abdomen sometimes thicker other times thinner this is not a true fascia but a dense cellular membrane — this covers the Lymphatic glands of the groins — Aneurisms, Boas abscesses, enlarged glands, Hernia, ulcers of the part; may easily be mistaken for each other these to be carefully distinguished — Anatomy of Inguinal Hernia — The fascia of the ext. Ob. form the external abdominal and the chord passes through — When the structure is at the ~~abdom~~ external ab. ring the bands of Winslow to be ~~observed~~ — the internal ab. ring under the external ab. muscle also the ~~the~~ internal ob. mus. and Trans. covers the upper part of the ring — the two ring generally the cause of structure <sup>the long caps of the two inguinal</sup> but the muscles over the rings may assist — the fascia transversalis lines the inside of the Trans. muscle and in this is the internal ring near the spinous process — the Epigastric artery passes through the inner part of the ring and when the Hernia passes through this always carry the artery before it — if the Hernia be complete the stricture will almost always be at the external ring — Hernia of long standing the two rings nearly and sometimes quite in contact — In Ventricular Inguinal Hernia the Epigastric artery will be on the ~~inside~~ outside and here the Ventr. muscle may cause the stricture, + Cremaster Mus. is given off from paupart Ligament and meets the Chord in an angle just as it passes out and in the Oblique Descend the Cremaster Musc. will be before the sack And according to this the Cremaster Mus. will be immediately under the External cellular fascia — the <sup>of the Chord</sup> vessels will be on opposite sides of the sack — but will not divide the chord itself or the Cremaster Mus. from the Chord in the Ventro Inguinal Hernia, but the Chord may be before the sack



If any of the large Intestine <sup>come down</sup> the Peritoneum will not show  
a Herniary sack, <sup>but may be behind the intestine</sup> — but in the small Intestine there will be  
a loose sack covering the intestine being the Peritoneum

Treatment <sup>for Inguinal Hernia</sup> where no operation is required — the symptoms  
are colic pains indigestion &c — and this will continue  
untill it is reduced or pressure is removed &c — by this the  
blood will be congested, this may happen even when there  
is no stranguary — or a congestion of the alimentary mass  
in the small intestine protruded — the cause is gener-  
ally a greater quantity of blood, wind or mass forced into  
the sack and not stricture of the rings as generally  
thought to be — There is a irreducible Hernia  
which is not stranguated but where it cannot be  
reduced by the patient or Physician, this will generally  
be Cecum &c but it may easily become stranguated  
and very liable to occur from local or generally irritation apt  
to occur in the right groin — there may be overcome by  
taking away the irritation by blood letting — injections, lax-  
atives & rest — An operation for this only palliative  
and only allows the Hernia to return — An Intestine  
known by the gurgling sound of water &c — If ~~but~~ Omentum  
known by the sensations of Acoy and more solid — if the  
Bladder be protruded known when the bladder is empti-  
ed — First know the nature of the Hernia and then  
will easily know how to reduce it — more easily done  
by bolstering up the shoulders and hips — relax the  
thigh and the patient to make no exertion whatever —  
and slight pressure and the mode in accordance to  
the Anatomy of the part — Femoral Hernia also reduc-  
ed according to the kind of Hernia, if it rises above pau-



# Treatment for Strangulated Hernia

- 1<sup>st</sup> the Taxis lightly
- 2<sup>nd</sup> Bleeding while sitting to fainting
- 3<sup>rd</sup> Laxative Enema
- 4<sup>th</sup> An Anodyne Injection 60 grs of opium
- 5 Tobacco Injections have been recommended
- 6<sup>th</sup> Application to the parts

Keeping at the same time the parts bolstered up without any exertions on the part of the patient.

Keeping down inflammation by bleeding

downwards then upwards -  
laxatives, <sup>castor oil</sup> blood letting to syncope  
- and this will be produ-  
cing or sitting - this the best  
this the best of all that can  
untill irritations of the  
time ~~apply~~ give Nause  
- And apply cold wet cloths  
mentations - or put the  
a relaxed posture.  
must be attended to done  
and irritations  
mortification may be induced.  
Opium may be given when fear affect  
has been used as an  
the rectum but is apt to  
ed it be too great may pro-  
ted it may be of great use  
ed all this not succeed then  
do not wait longer than a  
the commencement of the  
g the Hernia home. Mechanic

Cal apparatus to be applied as a support & bandage or Truss  
(see Hull) the best - the fore pad of the Truss to be so  
placed as to cover both rings and the abdominal canal  
some soft old linen to be placed between the pad & skin to  
absorb the perspiration - all unnatural adhesions of the  
intestines to be separated - also if two or more different  
substances has down in the sack should adhere to each other  
they are carefully to be separated before it is returned.

pro-  
du-  
in-  
oper-  
day  
the



If any of the large Intestine <sup>come down</sup> ~~be the Peritonium~~ will not show  
a Herniary Sack, <sup>but may be behind the</sup> — but  
a loose sack covering the

<sup>for Original Hernia</sup>  
Treatment, when not op

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in the small intestine  
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the sack and not the  
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ed according to the kind of Hernia, if it rises above pa

Sam Schrack  
apt  
by  
up, lax  
liative  
testine  
mentum  
the



parts ligament; prepare first downwards then upwards -  
if this will not do - depend on <sup>external</sup> laxatives, blood letting to syncope  
(Cathartics of an active kind do injury -) - and this will be produ-  
ced earlier by the patient standing or sitting - this the best  
if the patient can bear it - this the best of all that can  
be done and to be repeated untill irritations of the  
parts is taken off - at the same time apply give nause-  
ating doses of Ant. in water - and apply cold wet cloths  
to the parts or Emolient fomentations - or put the  
patient in a warm bath in a relaxed posture.

If these do not do then the following <sup>must be attended to</sup> ~~must be attended to~~ done  
so often using the taxis is wrong. Mortification <sup>and irritations</sup> may be induced.  
If fever or happens sometimes and Opium may be given when fear affects  
the patient too much - Tobacco has been used as an

injection or by smoke thrown up the rectum but is apt to  
produce prostration and should it be too great may pro-  
duce death - externally applied it may be of great use  
in Urinary diseases - should all this not succeed then  
operate immediately at least do not wait longer than a  
day two or three at most after the commencement of the  
strangury - After reducing the Hernia some Mechan-  
ical apparatus to be applied as a compress & bandage or Truss  
(of Mr Hull) the best - the fore pad of the Truss to be so  
placed as to cover both rings and the abdominal canal  
some soft old linen to be placed between the pad & skin to  
absorb the perspiration - all unnatural adhesions of the  
intestines to be separated - also if two or more different  
substances trap down in the sack should adhere to each other  
they are carefully to be separated before it is returned.



Saturday Janry 28<sup>th</sup> 1826

The Operation for Lithotomy - the Lateral operation, as now  
practiced here - the staff large - Knife instead of the Gorget -

Monday Janry 30<sup>th</sup>

The operation not so successful as might be wished for  
As one fr. of 4 or 5 generally dies taking it in general -

Different periods of life has great effect in the success of the  
operation, for instance, more successful in youth or childhood,  
as then the incision will not be required to be so deep or large.  
More dangerous in after life than in the prime, as there  
in the decline the glands will enlarge with many other cir-  
cumstances -

Mode of operation has a great effect on the success - also  
the ~~total~~ situation and relative magnitude of the parts - as  
if the bladder is empty there will be no lower fungus - or  
also if the rectum is full it may be cut - if the  
bladder is distended by urine it will generally will be  
a more successful operation than not being so much  
danger - Also the sacra or suspensory ligament  
will be affected by the bladder being filled or empty - the  
vesicle artery & veins pass through the constriction of this  
sacra when it meets over the bladder and there is a dan-  
ger of wounding these ~~and~~ vessels and probably this may  
be the cause of the sudden death from the operation as they  
are often varicose and consequently the flow of blood is very  
great and all pressure is taken off the heart - & to  
prevent this the staff must not be too much curved -  
the manner of conducting the gorget to be attended too be a scal-  
pel on a straight director the best - N.B. The muscle of the levator  
ani cover the prostate gland and some of the fibers to be cut  
in particular if not attended too the forceps cannot be introduced



Dr Mc Clellan

Monday Janry 30<sup>th</sup> 1826

The Sansonian Operation

By Cutting immediately downwards to

the rectum on the staff; immediately between vesicular ducts  
but now is not much attended —

It has also been proposed to cut immediately upwards, <sup>and</sup>  
no danger of cutting the vesicular vessels &c but not  
so much attended to, being modifications of the low operation.

The High Operation; first named by Franco — formerly attributed  
to Cheselden notwithstanding — they that is Douglas, pre-  
vented the discharge of the Urine for 24 hours by which the  
Peritoneum was carried up and allowed room for the  
the incision — but then the Urine will pass into the  
Cavity of the abdomen will ulcerate the parts and often  
prove fatal — Cheselden evacuated the Urine and distende  
ed the bladder by barley water by this the danger greatly obviated  
— but here the coats of the bladder was paralysed by the great distention  
causing great difficulty and by the operation irritation ulceration  
suppuration sinuses followed — but he at last followed the low operation  
for reasons not known —

The High Operation as now Practised, is perhaps the best — and dif-  
fers in this, that the bladder is emptied by an Artificial  
opening into the membranous portion of the Urethra, that this  
was practised by Faggeau — but this not required — then intro-  
duce a <sup>containing a Stilet</sup> Canula, he pushed the bladder up and of the Peri-  
toneum with it and then extend the incision and take  
out the Stone — And generally is attended by Considerable  
Success — And Recommended by Dr Mc Clellan — without  
two opening and without the Canula containing a Knife —  
See 3<sup>rd</sup> page next



Monday Feb 13<sup>th</sup>

The Symptoms of Calculi — All the symptoms of Calculi may occur without any Calculi to be found —

The symptoms — are indigestion, flatulency, acidity of the stomach the perspiration much deranged — and the derangement of the urinary organs. a smarting at the glands penis and the patient will pull at the prepuce and some say this is a sure sign of stone — or smarting or bloody urine also said a sure criterion — All these however are not certain — there is also a sudden stopping of the urine and even this might be fallacious, it might be closed by the 3<sup>rd</sup> lobe of the Prostrate gland or by a sudden spasm of the muscles of the Urethra — An irritable condition of the rectum is also characteristic of this disease — pains shooting up in the side and abdomen all are as frequently present when there is no as when there is — being caused by a functional derangement of the nervous and other systems or a derangement of the bladder or Urethra owing to an affection of the bladder stomach —

If from an irritability of the Urethra from gonorrhea — the same remedies for stricture of the canal and treated by occasionally introducing a Bogue or introduce a strong injection of Lunar Caustic gr x to ʒj of water — Avoiding all stimulating diet and drinks — free exercise — &c  
When it depends on derangement of the alimentary canal of 2 kinds One where the urine is loaded and at the same time it is very offensive <sup>sour</sup> — the other is red and not so offensive — the first to be treated by Mineral Acids after cleansing the canal — The latter form to be treated on an opposite plan — at the same time very low ~~and~~ diet & occasionally bitter — The first by Nitric Acid ʒss - Gum arab. Sugar - and ʒviij of water to be continued after there is relief to the disease



at the same time alteratives — The first condition  
of is called The Lithic Acid state and the other  
the alkaline — In the first the disease comes  
menes in the kidneys — The <sup>or Phosphate diathesis</sup> Alkaline, in all  
the lining membrane of the urinary organs —  
The stones are also ~~of~~ to these two kinds, but  
all connected with a derangement of Chylipoetic  
viscera — Tuesday Feby 14

The foregoing symptoms, are often the precursors of a  
Calculus in the bladder and may last a number of years and  
they may even sometimes be removed by attention to diet &c  
~~often~~ however none of their irritability of bladder will be  
found and the Calculi will form imperceptible —  
And will always be of one of the two foregoing kinds —

The alkalescent kind the most difficult to treat by far —  
The local Affections of the Urethra & Lithic Acid, easier  
there being 3 kinds as just above —

<sup>hysteria</sup> hysteria — very difficult to cure — when the patient shall  
suppose he is affected with Calculi, and they will deceive their  
physician — this general and constitutional disease is a  
singular one — sometimes in one place then in another — The  
will eat well sleep well, but always complaining of something.  
alterative and change of situation &c — (see Marshall  
Hall) — sometimes chronic & acute — the urine is pale, is  
not caused by derangement of the stomach — &c the  
skin altered and blotched &c —

Wednesday Feby 15

The Introduction of the Catheter — required for ~~re~~ over retention  
of the urine — the only difficulty will be in the Perineum  
which will be spasm of the muscles of the part — use no force,  
untill you relieve the spasm by other means — as blood letting  
till slight fainting — ~~then~~ <sup>involunt</sup> injections & laxatives next as Bastor Oil — warm  
bath the best — and there will generally succeed — if these fail however then



give Opium  $\text{ij}$  to  $\text{v}$  grs with as much Calomel the quan-  
tity of Opium to be large — The Ext of Belladonna  
prepared by some if it is good might be useful in 3 to 5 grs  
with Calomel — if you give too much you salivate —  
Last of all is Tobacco Leaf  $\text{Zij}$  to 1 pint an  $\text{Zj}$  injected  
occasionally — This Retention caused by Injuries of the  
Spine but seldom require so severe remedies — And is a  
Pyralis of the bladder — Occasionally you will not  
require any instruments — Silver Catheter generally the  
best in these cases. but always have several different kinds  
of Instruments and of different shapes — Large instruments  
pass easier than small ones —

High operation of Dr McClellan no instruments, but a scalpel  
forceps, forefinger — Catheter, a thread of silk in a bowl of water  
below — in females a female catheter, these to remain after  
the operation for some time, and is very ~~at~~ analogous to  
Taking up the Iliac Artery — As now practised — 1<sup>st</sup> Make  
an incision precisely in the direction of the fibres of the Ex-  
ternal oblique either higher or lower, above the Ant: spi-  
nous process of the Ilium — after dividing the fibres —  
and those of the other muscles and expose the Peritone-  
um — ~~at~~ then use the finger only and push up the  
Peritoneum — And the artery will be seen — After you  
can apply the ligature by the needle & forceps of Dr  
Physick — Do not touch the artery with the finger or the  
handle of the knife or you must apply two ligatures  
and divide the artery nor pull the artery when you  
tie — the ligature passes out below the peritoneum



Dr W. C. Cullen

[1826 Feb. 16?]

Thursday Febry

Retention of the Urine by Spasmodic Stricture of the Urethra,  
Caused by Tumors in the Rectum - gonorrhoea &c

Real Stricture or Permanent Stricture - does not entirely prevent  
the flow of Urine And may be always partially thrown out only  
when there shall be a spasmodic Action And this Spasm  
requires the alleviating measure - the other or former  
requires radical plan -

Palliatives - are such as shall divert away the blood from the  
parts by blood letting, laxatives clothing, diet, send your pa-  
tient to warm climate in winter as all change of  
weather affect this disease more than any other - such  
medicine and diet as cause a watery Urine as vegetable  
diet - always deny all shortness, pastry, hot bread &c and  
even by these means you may expect much -

Small doses of Magn: a teaspoonful 3 times a day,  
next the alkalis even lime water - (these however when  
the Phosphatic diathesis is not present) - all these  
used at the same time not too much exercise especially  
in summer - To these you may give Carol tea - parsley  
- tea &c as adjuvant to cause a watery flow of Urine -

If the Phosphatic diathesis is present - Use the Mineral  
Acids - Muriat: Tinct of Iron - Barks &c might be given  
bathe the parts at rising - Shower bath - After these use  
The Radical Remedies - excite an absorption of the mucous efflu-  
ed in the Urethra - sometimes you have a bridge across  
the canal or sometimes you have warty tumors in  
different parts - And these will require cutting or burning -



A structure at the ~~the~~ very anterior extremity of the glands penis - requires to be cut by a straight pointed bistoury -

The most frequent situation of a stricture is at the very seat of gonorrhoea viz about an inch back from the glands penis - And requires a Catheter to be introduced every day or two and no particular kind of instrument, to be used - It is at the bulb and at the membranous portion of the urethra that requires a great care in the selection of the kind of the <sup>bogies</sup> Catheter - These supposed by Dr W. Cleland to be less frequent than generally by some practitioners think you may find an obstruction frequently and always attend to diet, laxatives &c for some time before decide on a stricture being there - especially if <sup>you</sup> have already passed a stricture, and in these cases it might be spasm occasionally - Wax bogie or flexible Catheters here after prove useless - but you may do more harm with a metallic tube if you do not understand the anatomy of the parts, well - the gum elastic Catheters are always to be kept bent - the wax bogie will shew you the size and situation of the stricture - Oils to lubricate the bogie should be animal, as Lard &c - Do not use too small metallic instruments as they will bend too much - the moment all irritation from the introduction of one bogie is the proper time for the introduction of another time - these with diet &c - will generally be sufficient - although in some cases the patient will complain much from the first few introductions -



It sometimes happens however, <sup>that</sup> ~~the~~ ~~must~~ ~~not~~ (as some say) that we must use a ~~cat~~ canula containing a knife, this may sometimes do, but generally ended - or to introduce a catheter and allow it to remain several days at ~~at~~ a times confining them at the same time bed and the others requisite mentioned before - the caustic only good for destroying the morbid irritability and use the lunar caustic in <sup>10 to 40 grs to 3i</sup> punctions, but never use it to burn out the stricture as practiced by some - not much advantage from blisters &c Cold & warm bathings might be of use, used according circumstances.

Retention of Urine in Old persons is generally caused by a disease of the prostate gland and they will prevent the entrance of the Bogie & Catheter - the enlargement of the 3<sup>rd</sup> lobe is generally the cause - the ~~external~~ instrument ~~can~~ only be introduced by bending it very much and pass over it - sometimes one or other of the lateral glands and then the instruments to bent accordingly - Friday Feby 17<sup>th</sup>

Diseases of the Testicle - are first a ~~vincose~~ enlargement of the spermatic veins - producing tumors in the posterior portion of the testicle also rising higher up - giving some dull pain for hours - owing to too great quantity of blood in the part <sup>and is always</sup> in the left side - is very common. Only wash <sup>cold water</sup> the part every morning <sup>or oftener</sup> support the parts by bags or tight drawers - a very simple disease feels like a mass of worms - and you may see the Blue vein. oiled silk lining the drawers or bag any good - Camphorated Spts dont drink much wine nor dont eat much



The next in frequency is enlargement from an injury -

Deplete - leech - purgatives of Hyalagogue Kind - keep him on his back &c - cantharidated spts &c - Scrofulous enlargements and ulcerations require nothing but the plan of treatment for Scrof.

Chronic Tumors - in a different situation but all of no dangerous kind - only use a trifle wash &c never result in harm - order Ait - Blue pill, Sarsaparilla - friction - surp - ension - a bag of light &c is generally sufficient

Next Hernia Humeralis - that which arises from Gonorrhea - to be treated as if it had arose from any other cause - If the pain be very severe - Bleed - leech - laxatives - low diet, patient on his back - a large Emollient poultice the very best. Sometimes they will return again & again then smear the testicle <sup>with</sup> Mercurial Oint: Camph: Rochers powder 6 to 10 grs with 3 or 4 grs Calomel at night - Sometimes the Epididymus will always remain larger than common -

Sarco Cele - require a regular course of bleeding and always attend to the connection between the Uterus & Peritonium - as smearing the bag with Mercurial Ointment

Cancerous - Intestic or an Increase of a sarcomatous tumor are always to be cut off as it may be of a malignant nature These two specific diseases are the only ones that demand <sup>extirpation</sup>!

Hydro-cel - of common Anasarca Hydro-cel - and is only in the skin - ~~for~~ easily managed if not connected with common dropsy nature generally cures it shower bath & tonics may assist - diuretics purgatives &c

Genuine Hydrocele - is in the cavity of Tunica Vaginalis there are various ~~th~~ as there are several sorts sometimes connected and all these must be opened and they are called Invicula Hydrocele - make an incision and expect loins water and allow it to remain sometimes then take it out this will only answer for pure simple Hydrocele



Dr Mclellan

For if there be Hydatids or a number of sacks require a large opening — but only tapping with a lancet sometimes produce great inflammation consequently the above plan will be hazardous — The best is by making an incision and introducing a bogie or passing a seton through the scrotum — Instead of this Dr Mclellan introduced a piece of linen rag and allowed it to remain — drawing it out gradually — The seton is perhaps the best — introducing it at the lower part and carry it out at the upper part & tie together the two ends of the strings — this may be passed through all the sack — & And use bandages —  
Friday Febry 17th

Tapping the bladder — when it cannot be done by the Methusian it is to be done below and above as recommended for Lithotomy — When the third lobe is enormously enlarged, I would prefer the bladder above the pubis and introduce a trochar and wore in for two or 3 days and then introduce a short canula.

Performing it, through the rectum is more difficult —  
Diseases of the Rectum — Hemorrhoidal of 2 kind vascular & muscular — The former caused by costiveness &c — and the last not from the same cause —

Treatment — in the vascular by laxatives, diet low, Cold ablution several times a day is the very best —

The muscular tumors sometimes become very large even that they cannot be reduced into the rectum — they must be extirpated by ligatures or by the knife and not often much hemorrhage left — simpler than generally supposed, to they are to be drawn out and then to be cut off



A frequent disease is the rectum becoming dilated and the upper part falls down into it - and the stools will be long and difficult - and all the sensations of strictures will be felt - the only cure is laxatives diet - laxatives, as Sulphur &c - and above all the hourly use of injections of Cold Water or others cold -

There may be a scirrhus of the rectum in old age causing strictures & requires laxatives - Rye Mush & Molasses, stewed prunes - if Cancerous cicuta injections and an introduction of a bougie -

<sup>by</sup> Fistula in Ano - and abscess probably always caused by many or all of the diseases just before mentioned - And Fistulas are of a great variety and no treatment will be of use, unless you first remove the cause - as strictures in the anus be a fish bone or any foreign body might pass out and cause the disease - or it may be caused by an affection of the constitution and inflammation extending and causing the disease -

We have abscesses of this kind from debauched constitution or from that state of the constitution which cause or have Phthisis, Asthma, gout, Rheumatism. When some say we ought not to operate under such circumstances and again recommend operating under every circumstance or constitutional disease - This subject is involved in great difficulty -

If however the fistula cause irritation or any thing else disagreeable then cure it and form an issue in some place if required -

Still if it be Chronic and there be a tendency to Phthisis &c - and the fistula is not inconvenient then do not operate for the disease act as an issue ~~could~~ <sup>also caused by</sup> ~~may~~ <sup>Phlegmonous Erysipelas</sup> better be left alone -



Different varieties of Fistula as where there is no <sup>face</sup> external opening Called Blind Fistula - And here they will extrude in the loose Cellular Substance causing great pain, a horrid consequence may be fallow (as related) if not timely opened - You may find the fluctuation in the abscess before any opening is formed then open and you cure the disease -

Where the Opening is External, and may maybe cured if the opening be freely opened in time and will not require the operation for fistula - Still however we have often abscesses extending high up and is called an incomplete fistula - they are very difficult to cure and require a full operation and here the Sharpe pointed bistoury must be used - after the operation put a small quantity of dry lint between the lips repeated every day.

Superficial Fistula often extend to Vesicula Seminalis and cause such great desire for a venereal appetite only to be relieved by an operation for the fistula -

The patient should live on a low diet altogether on the disease always will return -

Saturday Feby 18<sup>th</sup>

Abscess often or at least may happen in the cavity of the Rectum and the bladder will appear floating in the Pus of the abscess this sometimes breaks in the abdomen corroding the Peritoneum and intestines - Also Purulent abscess often happen in the abdomen

Monday Feby 20<sup>th</sup>

Nephritic Inflammation - Of plethoric bleed - hip bath - Opium of injection - enema - mild laxatives - ʒss Turpentine 8 gtt  
Rc



Slow cases of the Eye — <sup>If the day is dark and the body is near the pupil you cannot see it.</sup> Foreign bodies in the eye — to be removed (if they be steel, flint &c) by producing a contraction of the pupil & keep the other eye open and look obliquely and you will see it lying in a little pit and then remove it by a large curved needle with the side of the needle — if however it pass in erect you must introduce the point of the instrument in under the foreign body but can then easily remove it — you must therefore distinguish the manner the foreign body is inserted — and then act as above — If you do not extract it — do not bleed & give laxatives &c as recommended as it will exacerbate inflammation — but treat it with the pith of Sassafras — Whether you extract or no keep the eye cool from light and the use of the pith of Sassafras —

Small hairs, growing into the eye produce frequently the inflammations of the eye, and these you may relieve by extracting these hairs — generally found in the internal Canthus of the eye —

Watery Excrepences — <sup>in the mucous lining membrane &c</sup> in the parts, produce great irritation, these to be cut out and touched with lunar Caustic, Also Warty Excrepence do not allow the lunar caustic over the whole eye, and then use the pith of Sassafras before closing the eye —

Thickening of the Caruncula Lacrimalis — or the parts having hairs growing out — and keep up inflammation — laxatives, removing the hairs if this does not do remove a part of the Caruncula —

Lippitudo or destruction of the root of the eye lashes — do not use any wharves — unless Milk & water — depend upon Blue pill every night And a detour in the back of the neck — And always attend to this?

Obstructions of the lacrimal duct — or turnors of the parts, the parts to be cut open — and introduce the point of lunar Caustic, or cut it out entirely if you do it on the external surface, sometimes they will go away by laxatives as scidely powder & vegetable diet — or Champhorated ointment — or use dried gall bladder diluted with vinegar to the consistence of <sup>mucilage</sup> ~~vinegar~~ every night as going to bed — River use leeches on the eye lids only leech the temples — — obstructions of the lacrimal duct — leech — blister, blood-letting Sulf Lime gr to 31 water — laxatives — Alteratives — Pain in the eye from reading depend on — alteratives — changes of habit — depend not on local applica



Dr. McCallan.  
Monday Feb 20<sup>th</sup>

There are Inflammation of the external part of the conjunctiva  
Infants of these often happen a few days or weeks after birth - and then  
is very similar to Gonorrhoeal inflammation, and these might be  
contracted by passing through the pelvis - And do arise from  
females having Gonorrhoea or Fluor albus - this disease  
will suppurate & are very severe - are to be treated alike.  
Never apply leeches or lead water - but apply stimulants as  
Linct. of Camphor not to be allowed to pass between the lids - also  
fomenting the eyes three or four times a half an hour with  
milk & water then apply the Camphor at the same  
time the folo following may be used with advantage -

grj Sulp Zinc grj Lead, water Rose Zij - Also Sulphate  
of Copper grss to Zj water - solution of lunar caustic sufficient  
to change the colour of the water & may be strengthened - these  
also good for the effoliating process of the conjunctiva from Gonor-  
rhea matter being carried to the eye; and here the lunar caustic  
the only remedy - in children give Mag: - blisters on the neck or  
temple - this disease in suppuration will lay open the Cornea  
and an opacity will follow - Lead water will always produce  
an opacity as the lead is decomposed -

Contagious Ophthalmitis. - Common and often found in Shoemakers  
It is suppurative & a peculiar disposition to form watery excres-  
cences on the eye or the linings of the lids - And the disease is kept  
up by warts which are to be cut off and are lunar caustic - by  
washing with a camel hair pencil it produces inflammation and pro-  
duces a new action - also setons - if inflammation run too  
high use cold applications

Scrofulous Ophthalmia - the most frequent of all diseases of the eye  
you will find other symptoms present of Scrofula - alldaysen tumid  
stools black - the eye will be very irritable and no relieved by low  
diet &c - you will see small pimples and ulcers on the conjun-  
tiva - sometimes the ulcers are very deep - To treat by Alterative  
and purgatives and this the only plan



Or Blue Pill or Corrosive <sup>Sub</sup> on the alternative

luna & manna the best —

the Sarsaparilla after 2 or 3 weeks — given in Tea —

Friction with the ~~towel~~ towel and salt every morning —  
farinaceous diet —

If these do not do use next the seton —

Emetics occasionally Speake or Ant:

Watery solution of Opium 8 or 10 grs to ℥j — Copper Zinck  
best with of Sassafras — Mixt lunar Caustic to the ulcer

If the iris papery or protudes do not cut or press it back — but  
apply the pith of Sassafras and apply lunar Caustic every day and  
thickly destroy — Use belladonna to keep open the Cornea

Tuesday Feby 21<sup>st</sup>

General Inflammation or pain from sewing or reading being  
an irritability are to be treated by change of air — Alterna-  
tives &c diet — Antiphlogistic and general plans now  
used by bleeding &c Warm bath —

Where sloughing and pain come on suddenly and they  
lose their sight immediately — depends on an in-  
flammation ~~not~~ within the eye and around it, exter-  
nally — Blood letting to the greatest extent — Antiphlo-  
gistic — cupping &c as before — local application  
to either cold or warm as comfort shall be given.  
~~place~~ pledges of linen in water renewed as often as  
they are dry — to be placed over all the surrounding  
parts — poultices never to remain on too long



Ch. McCallan July 21<sup>st</sup>

The alum cure poultice only when there is a relaxed state of the conjunctiva — It may do good in serofulas and Edematous Inflammation to remove them for a night then use stimulants - as Camphor.

Inflammations of the ball and deep seated - which does not affect the external parts sometimes from cold collected Rheumatic ~~the~~ Aphthamia - connected with Rheumatism in other parts and the general symptoms of Rheumatism as the tongue white fur moist - stomach & bowels regular - pulse irritated - hard tense, no luminous &c — the appearance of the eye itself will assist you - the inflammation confined to the sclerotic & iris & lens - the pupil immovable - the vessel of the sclerotic run in straight lines and not vermicular as in ~~other~~ parts of the conjunctiva - these vessels run to and in the cornea itself - It terminates in adhesive inflammation of the iris - you will see small particles of pus - the pupil had attracted adhesion and cannot be dilated - sometimes extends to the Choroid coat - retina &c

Treated as Rheumatism by bleeding largely and rapidly leech the temple - then evacuate the bowels - Blister fomentation warm applications - endeavour to determine to the skin as in Rheumatism - then Opium - the virous Colchicum 50 gts with magnesia is the very best remedy, several times a day - and will always relieve general Rheumatism of the joints



Ophthalmia of the Venereal Disease - as of the Scaly,  
Phagadenic &c - is very similar to the former  
Ophthalmia - not certain whether from the disease or from  
the remedies - It occurs where no Mercury has  
been used - A disease similar to this from long  
Mercurial Course - and probably contracted from  
cold - but there cannot be treated as the Phre-  
netic kind as bleeding & evacuations as they always do  
harm - The best plan is to place the pati-  
ent on the rapid use of Mercury - with ~~the~~ Bell  
adonia & Stramonium to dilate the pupil -  
and these are the two great remedies - And every thing  
else is only assistance - if given bleed - &c -  
Nauseating remedies always assist the effects of Mercurials  
very much - give Calomel with Antimony and  
you may do it in several days - ℞ Cal: gr iij. Ant-  
Powder gr iij every 4 hours -  
Cup the temples - letons behind the neck &c  
you will generally remove the disease in 4 or 5 weeks.  
Continue the Stramonium for several months

Opacity of the Cornea - caused by various causes - Common to  
old persons from no cause whatever - to be treated according  
to the Cause - It has ~~been~~ happened in young persons from  
no cause whatever where it takes on an apseous action -  
There is another where it is caused by Ulceration and may be  
removed although you cannot remove the Cicatrix - which  
in a majority of cases happen - Sometimes a catar-  
act or Halo happen from inflammation or injuries &c  
The Treatment - by such means as will exert an absorption  
of the opacity - if it has been of short duration you may  
still have greater hope - if it has been of long stand-  
ing you ~~can~~ have but little hope or none at all



it  
You may try if <sup>it</sup> have existed several months or even two  
years &c — You will remove this deposition of lymph  
by stimulants &c (as some say) (diminishing the circulation  
as many surgeons ~~do~~ do by bleeding cupping purging  
setons ~~and~~ and have all some good) the best is to move  
in the intermediate ~~at~~ any one as maybe required —  
for instance is there be much redness and the vessels are  
large respect the first plan, but act be the second  
plan even to divide the vessels — Draw blood to  
diminish the vis a tergo — Blister, leech, setons on  
the back of the neck — this do for a month or two  
then divide the vessels — first elevated a portion of the  
conjunctiva by a small hook and cut it all off  
by the scissors — do not cut down by a knife as some  
do — as you will only partially divide the vessel — but  
you may run the knife under the vessel and cut  
a large orifice so that you do not have an exymosis.  
The scarification knife may be of use to scarify on the  
inside of the lid — Alterative, — low diet, purging  
bleeding &c — Particularly alteratives, if there be scrof-  
ulous — The Opacity or opacities, or sometimes  
is kept up by the Iris adhering to the Cornea, and  
then cut off the supply of blood by introducing a curved  
needle — this circumstance not at all attended by  
physicians generally — always take care to establish  
the healthy functions of the skin —  
Where there is no surrounding vascularity but opacity  
then stimulants slight irritation — friction — change  
of diet — jonnys &c — also ~~using~~ the astringents may  
do good locally none are specific — Sulf Zinc grj  
to ʒi water corrosive sub. gr ʒ/4 or leeches &c



If the eyes are agglutinated in the morning use lemon  
Oint: Zi Lard Zi to anoint the eye on going to bed.  
And an Astringent in the day.

Tranquium - a membranous growth or fungous or fat mass  
at the inner <sup>canthus</sup> margin of the eye caused by the pressure  
of the two lids on the eye - and a vascularity or irri-  
tation of this is the disease - hook it up and cut it  
away and you have a cure with Antiphlogistic and col-  
liriaters - If it be a true Tranquium where the vessels  
are running together without this mass then cut them  
out by a hook and knife or by a cataract knife -  
but do not cut away too much of the substance. or  
you cut the *canthales lacrymalis* &c -

Operation for Making the Artificial Pupil - ~~are~~ there  
are three different kinds - 1<sup>st</sup> where there is  
a small pupil - introduce a small knife  
(as recommended by Cheselden) through behind the Cornea

2<sup>nd</sup> the operation of Scarpa - the iris is torn of and pushed  
away -

3 - Introduce a hook ~~and~~ through the Cornea and hook up  
the Iris and cut it off And allow the the remainder to  
retract - the operation of Wenage &c -

Which of these operations to be performed -

If the crystalline lens are sound do not interfere  
with the lens - do not do it by Cheselden - and his  
only in cataract -

If the interior of the eye is sound then the last  
operation for an opacity of the cornea,



Dr McCallan

Tuesday Feby 21<sup>st</sup>

Here the patient will only see obliquely, you may and may ~~xx~~ relieve ~~of~~ by Stramonium—

But the best of all is an operation especially when a pox of small pox shall happen in the center of the Cornea—also from wounds—the pupil will dilate and the Iris will be sound—there may be at the same an opacity of the lens—

Make a puncture near the edge of the Cornea by a knife sufficient to introduce your hook into the pupil through the anterior chamber—then pull the hook out and Iris with it and cut it off by a pair of curved scissors—and push the rest back—this is the last operation—

The operation of Scarpa—All the Cornea but a <sup>small portion of</sup> margin of it is left opaque—introduce the needle behind the Iris and ~~a~~ <sup>tear</sup> ~~large~~ it away—perhaps even here the 3<sup>rd</sup> operation is the best—and is a dangerous operation. And the disease will return—or perhaps even total blindness might follow—

Thursday Feby 23<sup>rd</sup>

Dilatation of the Pupil of which the best ~~of~~ is—with a cornea knife—about a margin of the Iris obliquely through the Cornea make a puncture large enough to carry a hook through avoid ~~the~~ the hook touching the Cornea and lens—seize the margin of the Iris and draw it out a small fold of it—and cut out as much as may be required, then there will be no danger of ~~it~~ it closing again by inflammation.



Scarpa's operation does more violence to the eye and apt not to be successful — it is done by tearing away the Iris from the ciliary — only where, the whole of the Cornea is opaque but a small portion of the margin only remaining, is this to be done —

To remove an opaque large Cornea — from great inflammation — Introduce a Cornea knife in the Cornea — then with hook, <sup>you</sup> shake the Cornea — then with a knife cut it off and <sup>you</sup> may do it without injuring the eye — and is the easiest way of performing the operation —

Cataract — of different kinds — As couching — by introducing a needle behind the pupille and sink the lens — hard lenses cannot be operated on in this, but in all cases it is a bad plan —

Extraction — <sup>called division</sup> not to be pursued in all cases, best in hard cataract such as happens in old persons — Introduce a knife in the cornea and cut it half through in the form of a flap and to be carried by a hook and moved in different directions, will ~~not~~ do only <sup>for a hard cataract as it is so dense</sup> Adams divides the lens in halves and then divided and broken in fragments and thrown into the anterior chamber of the eye — Can only be performed where the Cataract is soft — is the most difficult — This is the operation for a soft or membranous cataract — and then use the double edged knife for soft cataract — a needle for a membranous cataract; this operation called Division —



Dr. M<sup>r</sup> Willan Febry 23<sup>rd</sup>

<sup>called lacerating</sup>  
Alexander in the Posterior & Anterior - passed through the  
Cornea, not at the edge for fear of the ~~iris~~ Cornea Iris, And  
is carried through the pupil, And you desire to ad-  
mit the lens to the vitreous humor - and the  
lens will be wasted away

Posterior more dangerous and inflammation more likely  
to follow

Friday Febry 24<sup>th</sup>

Of different Cataract - and the operations adapted to the  
different Kinds - " - Cataract differ on account of the cause,  
that produce them. And the age of the individuals -  
In Youth they are soft - in old age hard -

Recent Cataract from wounds often more branched -  
The Chronic or slow kind in old age it will be hard.  
And here the crystalline lens is the seat of the disease  
especially if he see better in a dark day &c -

Of this kind happen to children we know them to be  
soft - there are better principles than even  
the appearances of the eye themselves -

The Membranous Cataract - is situated in the anterior  
portion of the capsule of the lens - and in this situation  
most of the cures of the eye happen especially if the  
patient be not in the decline of life - (caused from  
wounds - ulcers on the Cornea, or small pox - or from causes  
that cannot be explained - there may be an effusion and  
still the lens are not all diseased, here you will see sil-  
very whitish spots



Besides the Silver, there are some muddy - and here the lens may or may not be affected - But those from Wound & Scrophula, the lens will be soft or entirely opaque, disorganized and absorbed - Called lenticular Cataract - From Wounds the Posterior Chamber advances to the ~~the~~ and into the Anterior - We have also the Membranous Cataract in the form of congenital Cataract are scrophulous - always operate immediately and do not leave the patient to grow up. as the capsules will become cloudy &c - We sometimes have found this kind of Cataract to come on in advanced age as at 10 to 20 or more these connected with scrophulous diathesis - (Common to cooks over a hot fire a long time - a Sea Captain who looks a long time through a telescope or Smiths &c often has something of this kind or hard eye) Then we prefer Saunderson's operation or you might extract - And is called the Soft Cataract and is intermediate between the hard and the membranous Cataract - You may know if the lens is present by ~~it being~~ the Iris being convex &c - All these things to be attended

The Hard or Organized Cataract - Peculiar to old subjects beyond 40 or 50 years of age - They come on without any disease or cause and cannot be checked by any means we know of sometimes becomes ossified We seldom have any other disease with it - No treatment will be of any use - Unless indicated by some peculiarity or pain heat &c in the neighbourhood.



Do not operate until the cataract is complete

The capsule is perfect - but is to be cut frequently - if not the threads of capsules remaining will become opaque and then they must be drawn away - often however they will be of an ash colour -

Of Capsular cataract - on the posterior capsules ~~opaque~~ cataract - can be seen easily behind the crystalline lens far back - An is very thin - you must only expect to see a dark hazy appearance far back -

It is generally in combination with Amaurosis - therefore the prospect of relief from an operation is rare - notwithstanding you destroy the posterior capsule - and by the operation you mostly will destroy the lens - best cut away all the posterior lens - and anterior also and at the same time destroy the lens - " Always begin first ~~of~~ carefully - & steadily and use Saundersen curved needle.

Saturday Feb. -

Amaurosis - of two kinds, Functional And Organic

Functional - where there is a great congestion of blood to the neighboring parts - known by heat of the forehead, flushed countenance &c and may be cured by antiphlogistic - cupping - general bleeding seton in the back of the neck, low diet & cathartics



Crigenic Anamiasis - Can never or seldom ever be  
Cured, it generally occurs in Old persons, and it  
seems useless to attempt any remedy - Alteratives  
And a variety of other plans have proven un-  
availing, But we are not entirely to despair  
as we have known Cures from this form  
of the disease &c